6	**CASELOAD MANAGEMENT**	*Effective: 1991*
6.5	**Waiting List**	*Revised: 11/01/02*

POLICY: When the State WIC Office notifies the local projects, a waiting list of applicants to be enrolled, including recertifications, must be initiated and maintained. The purpose of the waiting list is to ensure that higher priority applicants are enrolled before lower priorities. The Priority System must be used to organize the waiting list, to put applicants on the waiting list, and to pull them off to enroll onto the Program.

NOTE:
A waiting list is:
* a list of applicants who have met the general eligibility criteria of category, identity, residency, and income during the prescreening, but who cannot be enrolled onto the Program due to unavailability of caseload slots;

* a tool in DAISy to organize applicants by priority (actual and probable) and date of application. When properly used, the waiting list helps assure that eligible persons in greatest need are enrolled onto the Program first.

PROCEDURE:

A. INSTITUTE A WAITING LIST

1. When the project has been directed by the State WIC Office to start a waiting list, maintain a waiting list of all applicants who visit, write, or call the WIC clinic to express an interest in receiving WIC benefits, including all priority 5's and 6's. An applicant who requests placement on the waiting list must never be denied placement.

   a) An applicant is an individual who requests WIC Program benefits. This includes new applicants (applying for the first time) and those requesting continuation of benefits (recertifications).

B. DETERMINING PRIORITY

1. Determining the priority (whether actual or probable) is the key to the organization of the waiting list and should be used to determine the order in which applicants are scheduled for the nutrition risk assessment and/or enrollment. The CPA must apply the priority system, taking into account the applicant's status and known medical and/or nutritional factors assessed at prescreening.

2. Probable priorities may be determined with information obtained through interview with the applicants or through referral from other sources, e.g.,

physicians. If the applicant is reapplying for continuation of benefits, the information collected as part of the previous certification may be used to determine probable priority.

3. Applicants may be on the waiting list by actual priority. These are applicants that have been screened, found to be a lower priority and placed back on the waiting list, e.g., a child probable priority 3 is screened and put back on the waiting list as an actual priority 5.

C. EXCEPTIONS AND SPECIAL CASES FOR SCHEDULING PRIORITIES

1. Priority 1's and 2's may never be placed on the waiting list (except when they are offered an appointment but refuse).

2. Generally, Priority 3 children may not be placed on a waiting list while priority 5 children are being enrolled. There may be times when they are offered an appointment but refuse.

3. Assure that the women (pregnant and breastfeeding) and infants are at least given an appointment before lower priorities are enrolled. Projects must make allowances to schedule appointments for Priority 1 applicants as they apply. This may require setting aside slots or a special day for new women and infants or over-book on a regular clinic day.

4. Because of the overlap/delay between application and enrollment due to scheduling, there may be short periods of time when children will be enrolled before women and infants.

D. DETERMINE PRIORITIES FOR ORGANIZATION OF THE WAITING LIST

Refer to Policy 2.5 Priority System or WIC Risk Factor Reference Sheets DPH4025 and 4026. These are in order of priority, e.g., Priority 1s should be enrolled before Priority 2, etc.

1. Priorities 1A and 1B. Pregnant or breastfeeding women and infants with known or unknown high-risk or at-risk hematological, anthropometric, medical, or dietary risk factor, women breastfeeding Priority 1A and 1B infants, and breastfed infants of Priority 1A and 1B mothers. Women and infants should be treated as high priority with regard to scheduling appointments. Therefore, high-risk and at-risk individuals do not need to be separated on the waiting list. At the certification appointment where the nutrition risk assessment occurs, they may be determined to be an actual priority 4A or 4C or to have no risk at all, and they may be placed back on the waiting list under Priority 4 or graduated from the program.

2. Priority 2B. Infants under six months of age whose mother was on WIC while pregnant or would have been eligible due to documented risks and women breastfeeding Priority 2B infants (Actual priority only).

3. Priority 3A. Children with a high-risk actual or probable hematological, anthropometric, medical, or dietary risk factor. Probable 3A's include children on WIC within the previous six months for such a risk, and children with a medical referral or other indication that such a risk exists. Actual 3A's are children who had a certification appointment where the nutrition risk assessment occurred but were placed on the waiting list due to lack of caseload slots.

4. Priority 3B. Children with an at-risk actual or probable hematological, anthropometric, or medical risk factor. Probable 3B's include children on WIC within the previous six months for such a risk, and children with a medical referral or other indication that such a risk exists. Actual 3B's are children who had a certification appointment where the nutrition risk assessment occurred but were placed on the waiting list due to lack of caseload slots.

5. Priority 4A. Pregnant women, breastfeeding women and infants with a "high risk" dietary risk factor (Actual priorities only). Women breastfeeding priority 4A infants, or breastfed infants of Priority 4A mothers (Actual priorities). Infants who are homeless, migrants, victims of abuse/battering, or in foster care (Actual priorities). Infants with primary caregiver with limited ability (Actual priorities).

6. Priority 4B. Breastfeeding women or infants with at least one "at risk" dietary risk factor, women breastfeeding priority 4B infants, or breastfed infants of Priority 4B mothers (Actual priorities only). Pregnant women and breastfeeding women or infants who are homeless, migrants, victims of abuse/battering, or in foster care (Actual priorities).

7. Priority 4C. Pregnant women, breastfeeding women and infants with at least one "at risk" dietary risk factor, women breastfeeding priority 4C infants, or breastfed infants of Priority 4C mothers (Actual priorities only).

8. Priority 5A. Postpartum women with at least one "high risk" hematological, anthropometric, medical or dietary risk factor (Actual or Probable priorities) Postpartum women with a "at risk" dietary risk factor (Actual priorities). Children with a high-risk dietary risk factor (Actual priorities). Probable 5A's include children on WIC within the previous six months with a dietary high-risk only. Actual 5A's include those children who had a certification appointment where the nutrition risk assessment occurred and were determined to have only a high-risk dietary risk factor. Child with primary caregiver with limited ability (Actual priorities).

9. Priority 5B. Postpartum women with at least one "at risk" actual or probable anthropometric, medical, or dietary, risk factor; children with an "at risk" dietary risk factor only (Actual priorities). Children who are homeless, migrants, victims of abuse/battering, or in foster care (Actual priorities).

10. Priority 5C. Children with at least one "at risk" dietary risk factor ((Actual priorities). Probable 5C's include children on WIC within the previous six months with an "at risk" dietary risk only and children without indication that a medical risk exists or children with unknown need (new applicants). Actual 5C's include those children who had a certification appointment where the nutrition risk assessment occurred and they were determined to have only an "at risk" dietary risk factor.

11. Priority 6B. Postpartum women with at least one "at risk" hematological, anthropometric, or medical risk factor (Actual priorities only). Postpartum women who are homeless, migrants, victims of abuse/battering, or in foster care (Actual priorities).

12. Priority 6C. Postpartum women with at least one "at risk" dietary risk factor (Actual priorities) or postpartum women with an unknown need (new applicants).

E. DETERMINING DATE PLACED ON THE WAITING LIST

The next step in the organization of the waiting list is to determine the date of application.

1. For new applicants
   a) applying for the first time, the date placed on the waiting list is the date the applicant first requested WIC benefits (by phone, mail, or in person).

   b) If the applicant has a certification appointment and a lower actual priority is determined, place the applicant on the waiting list using the date of the original application.

2. For individuals applying for recertification
   a) For those on a monthly draft issuance schedule, the application date is when the last assigned package is picked up (on the assigned pick-up date or late pick-up day).

   b) For those on a multi-month issuance schedule, the date of application would be their last package pick-up date (or the "First Date to Use" indicated on their last package). Even though they are actually applying for benefits during their fifth month, they will not be advantaged for having a multi-month pick-up schedule.

c) For last package no-shows, the date of application is the date applicants request reinstatement.

3. For those persons in a current valid certification period who have requested reinstatement following termination, or suspension from the program due to participant abuse, the date placed on the waiting list will be the date of request for reinstatement. (This request must be after the suspension period).

4. For those persons transferring in from another state or Wisconsin project who are still in a valid certification period and who have a recognizable Verification of Certification document, and the project is at full caseload, the participant must be placed on the waiting list ahead of all other individuals regardless of priority (essentially enrolled right away). This includes migrants. Transferring women and infants should be enrolled immediately, if possible.

5. In the event an applicant on the waiting list provides the local project with new prescreening information which changes the probable priority originally assigned (such as a referral indicating a medical risk which changes the priority from 5 to 3A/B), the date placed on the waiting list would be the date the original prescreening information was provided.

F. ORGANIZATION OF THE WAITING LIST

1. The waiting list must be organized so that all applicants of the same priority (whether actual or probable) are grouped together by date of application. Refer to the System Manual for more information.

2. The following information must be collected and recorded for each applicant:
   a) Applicant name
   b) Applicant address or telephone number
   c) Applicant WIC status (pregnant or breastfeeding, postpartum women, infant, child)
   d) Birth date of child or infant, EDC, or delivery date
   e) Priority (probable or actual)
   f) Date of application/date placed on the waiting list
   g) How the application was made (phone, walk-in, mail)

3. If an applicant applies for enrollment at one site, but there are no available appointment slots or the project is not going to be at that site the next month due to multi-month issuance, the project must offer the applicant the opportunity to be certified at another nearby clinic. They could still pick up drafts at the most convenient site. The participant has the option of taking the appointment or not.

4. If the applicant chooses not to take an appointment at another nearby clinic, they should be placed on the waiting list until the next month when an appointment slot becomes available at the preferred site. If this occurs where priority 1's may be on the waiting list, it should be noted on the Comments section of the Caseload Status Report and on the applicant's Schedule Appointment screen that the Priority 1's were offered an appointment but refused.

5. The local project has one contracted caseload that is a total for the served areas/counties. The priorities enrolled should be uniform throughout these sites/counties in the project area. Therefore, the project should not routinely have a waiting list in one area with open slots in another area. The WIC Project Director should periodically assess the need to shift caseload and/or appointment slots between the sites/counties. The project must ensure, however, that all areas of the project are adequately accessible to WIC eligibles and participants. Caseload and/or appointment slots should be shifted according to need.

G. STARTING THE WAITING LIST

1. When directed by the State WIC Office, the project could start by putting all actual priority 5's and 6's on the waiting list. This would include those who were screened and found to have a dietary risk factor only. This may slow growth enough to maintain caseload, if there are enough terminations from graduations, ineligibles, and no-shows to balance out the new women and infants enrolling as new participants.

2. If this is not enough, the project should put all priority 5's and 6's on the waiting list. This includes actual 5's and 6's, all of the new children and postpartum women of unknown need that apply, and recerts that were a priority 5 at the last recertification.

H. MAINTAINING THE WAITING LIST

1. When caseload slots become available during the month, call in the 6's to be certified or enrolled. It is not recommended that you screen many more of the probable 6's on the waiting list than are likely to be enrolled soon.

2. When it is time to call in the 6's from the waiting list, screen the probable 6's with an unknown need to see if they are an actual priority 5A or 5B. These would be enrolled instead of the actual 6's, even though the actual 6's have an earlier application date. Certify and enroll in the order of the date of application. If your project can maintain caseload by serving priority 3's, without serving any priority 6's, you may "skip over" and not enroll the actual priority 6C's (those who were screened and have a known dietary risk only).

3. If the project is extremely over caseload and needs to drop rapidly, put some 3B's on the waiting list, and possibly some 3A's. The project should probably continue to screen those needing recertification who have a Priority 3 in order to maintain a consistent clinic schedule and certification date schedule. As caseload slots open up, these 3A's and then 3B's will be ready to enroll for WIC benefits.

4. A participant will be automatically purged from the waiting list if the participant is on the waiting list for a year. When the participant becomes active (is enrolled), their name will be removed from the waiting list.

I. NOTIFICATION REQUIREMENT

Individuals who express interest in receiving WIC benefits shall be notified of their placement on the waiting list (verbally or in writing) within 20 days after they apply (includes walk-ins, mail or phone). The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used. The project should also notify the applicant that they will be removed from the waiting list after six months and will need to reapply for an appointment at that time.

J. SCHEDULING TIMELINE REQUIREMENTS

1. Time frames
   a) New certification appointments may not be scheduled more than one month in the future. If it is not possible to meet these time lines, they should be placed on the waiting list by probable priority.

   b) If recertification appointments cannot be scheduled within one month of the certification expiration date, they should be placed on the waiting list by probable priority.

2. Order on the Waiting List
   a) All persons of a higher priority should be scheduled ahead of a person in a lower priority even though the person with a lower priority may have been on the waiting list longer.

   b) If the last available caseload slots fall within a priority, the appropriate number of certification appointments should be scheduled by date of application.

   c) A person whose categorical eligibility will end during the month which the certification appointment can first be scheduled, should be removed from the waiting list and not be given an appointment.

d) Once an appointment has been scheduled, it may not be canceled by the local project and given to a higher priority person who may apply after an appointment has been given to a lower priority person.

K. CONTACTING WAITING LIST ENROLLEES

1. Contact waiting list applicants to advise them that a caseload slot is available and that the certification appointment can be scheduled. If, however, after two attempts, the project is unable to contact an applicant, the applicant should be removed from the waiting list.

2. If the applicant later re-contacts the project, the person should be placed back on the waiting list. The date placed on the waiting list would be the date of the second contact.

3. Persons should be advised that it is their responsibility to keep the local project updated with current phone/addresses, that they will be removed from the waiting list after two attempts to contact, and that if they reapply, the reapplication date will be used to determine the order in which appointments are scheduled.

L. ENROLLING FROM THE WAITING LIST

1. The Project staff must notify the applicant with the earliest date of application within the highest priority. If that individual had previously been determined eligible at a certification appointment, they should return to the clinic or draft issuance site. Reevaluate all eligibility criteria the following before enrolling the individual.

2. Income information older than one month may not be used when enrolling an individual. The project must reassess income eligibility upon enrollment.

   a) This must be documented and dated on the back of the Risk Factor Flow Sheet (DPH 4572) and entered onto the participant file.

   b) In the case of migrants, income information older than one month is acceptable since Federal Regulations require that the income of instream migrant farm workers be determined at least once every 12 months.

   c) For non-migrant transfers with valid VOC cards and within a valid certification, income eligibility is not re-determined.

3. The participant's or parent's signature must be obtained on the Rights and Responsibilities form only after actual enrollment, that is, after final eligibility has been determined.

M. LENGTH OF CERTIFICATION

1. Medical data older than 60 days <u>may</u> be used when enrolling someone from the waiting list.

2. The Date of Certification is the date of the initial eligibility determination, usually the date of the certification appointment. Refer to policies 2.1 and 2.3 regarding project options for seeing proof of identity, residency and income and using the No Proof Statement Form. These polices define the beginning of the certification period. When someone is determined eligible and placed on a waiting list for up to six months, they may be enrolled anytime during that six-month period. The length of certification will extend from the Date of Certification.

   Example for a child or a postpartum woman:
   Date of Certification: 3-15-02
   Date of Medical Data: 1-20-02 (within 60 days of cert date)
   Certification Expiration: 9-15-02
   Placed on Waiting List: 3-15-02
   Called from Waiting List: 6-01-02 (verify identity, residency and income)
   Benefits Received: June, July, August
   Recert Due: 9-15-02

N. WAITING LIST NO-SHOWS

1. Applicants who do not keep their scheduled appointment may be removed from the waiting list.

2. If the applicant contacts the project again requesting another appointment, they must be placed back on the waiting list. The date placed on the list would be the date of the request for the second appointment.

   a) Persons must be advised that they will be removed from the waiting list for missed appointments and if they reapply, the reapplication date will be used to determine the order in which appointments will be scheduled.

   b) Regardless of how many appointments are missed, no person can be denied the right to apply to the program.

O. MAINTAINING DAISY

1. New applicants placed on the waiting list.

a) If the applicant has completed the certification appointment, enter the certification information onto DAISy. Enter the term code. Keep the certification form in the applicant's chart until enrollment. The WIC Rights and Responsibilities form is not signed. The CPA signs and dates the Risk Factor/Flow Sheet. The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used.

b) If the applicant does not have a certification appointment and no certification form is completed, enter the initial contact onto DAISy. The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used.

2. Recertifications placed on waiting list.

a) If the participant was seen for a recertification appointment, enter the medical data (not Certification or Medical Data date) and the term code. This data will be updated to the participant's file. The WIC Rights and Responsibilities are not signed. The CPA signs and dates the Risk Factor/Flow Sheet. The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used.

b) Participants may be enrolled from the waiting list anytime during the six-month period on the waiting list. Enter as a recertification or as a re-enroll. (See System Manual, chapter 2). Enter all recertification information, completing the critical fields. The Date of Certification is the date of the initial eligibility determination, usually the date of the certification appointment. Refer to policies 2.1 and 2.3 regarding project options for determining eligibility. The Date of Medical Data is when the medical data was taken. The participant or parent reads, signs, and dates the Rights and Responsibilities. The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used.

3. If the participant is not seen for the recertification appointment and is placed on waiting list, change the term code at the end of the certification period. Placement on the waiting list will be by the priority from the history line from the last certification. The WIC Ineligibility/Termination and Waiting List Letter (DPH4220) may be used.

4. See Waiting List System Manual Guidance attachment for system information.

P. LENGTH OF TIME ON THE WAITING LIST

1. An applicant shall remain on the waiting list for six months from the date of application.

2. Project staff should periodically purge those applicants who have become categorically ineligible.

3. The waiting list information may be discarded or filed in the participant's chart when purged.

Q. REPORTING

1. When the State institutes a waiting list, The WIC Project Caseload Status Report (DPH 4333) will include a summary total of the number of applicants on the waiting list by priority.

2. Select the Waiting List Report off of the DAISy Reports Menu. A summary total of the number of participants on the waiting list by priority can be viewed or printed. Enter these totals onto the Caseload Status Report. Count only those persons on the report at the end of the month. Do not count those that have an appointment scheduled within the next 30 days.

ATTACHMENTS
Waiting List System Manual Guidance